

COURSE RECOMMENDATION OVERRIDE FORM

Students may use this form when they wish to enroll in a course that differs from the course they were recommended to take by their current teacher. **This form is NOT intended to override course prerequisites.**

SCHOOL (Check One): Olentangy High School Olentangy Liberty High School
 Olentangy Orange High School Olentangy Berlin High School

DATE: _____ **COUNSELOR NAME:** _____

STUDENT AND PARENT/GUARDIAN INFORMATION

Student Name: _____ Current Grade: _____ Student ID Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____ Parent/Guardian Email: _____

COURSE INFORMATION

Current Recommended Course: _____

Current Recommending Teacher: _____

Desired Course: _____

REQUIRED STEPS - PLEASE CHECK:

I have discussed my desired course with my current teacher. Student Initials _____

My parent/guardian has communicated regarding my desired course with my current teacher.

Parent/Guardian Initials & Date of communication: _____

STUDENT STATEMENT

I want to take this course because:

PARENT/GUARDIAN INITIALS/SIGNATURE (please initial next to each statement)

I have consulted with my student’s current teacher in this subject area. I understand the following:

- My student’s current teacher has not recommended this course for my student.
- Making this change could impact my student's overall schedule.
- Poor performance may negatively impact my student’s GPA and/or graduation pathway.

Parent/Guardian Signature: _____ Date: _____

STUDENT INITIALS/SIGNATURE (please initial next to each statement)

I have consulted with my teacher and parent/guardian. I understand the following:

- It is my responsibility to ensure that I am prepared for the rigor of the course I am choosing to join.
- It is my responsibility to communicate with the teacher when I am struggling and seek additional support if needed.
- This override may impact my GPA and/or graduation pathway in the event of struggling with the course I chose to join without recommendation.

Student Signature: _____ Date: _____

TEACHER SECTION (To be completed by the *current teacher*):

Current or recommending teacher signature is required only to acknowledge that the student, parent/guardian, and teacher have discussed the recommendation that was given and their insight into that recommendation. Teacher signature is NOT approving the override or giving permission for the override.

Teacher Signature: _____ Date: _____

OFFICE USE ONLY

Date Submitted to Counselor: _____ Date Reviewed: _____ Reviewed By: _____

Override Request: APPROVED DENIED

Reason if Denied: Prerequisite not met Class is closed – seat capacity
 Does not fit into student schedule Teacher recommendation stands
 Other: _____

To ensure course enrollment (based on availability), override forms should be submitted by May 1.